

## HUMAN SERVICES DEPARTMENT[441]

## Adopted and Filed

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services amends Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services," Iowa Administrative Code.

These amendments change the list of covered nonprescription drugs under the Medicaid program to:

- Remove the nonprescription drug omeprazole magnesium delayed-release tablets 20 mg (base equivalent), as duplicative of the payable and less costly prescription product omeprazole.
- Remove the following nonprescription drugs because the products are no longer available: benzoyl peroxide 10% wash; ferrous sulfate tablets 300 mg; ferrous gluconate 300 mg; niacin (nicotinic acid) tablets 25 mg; pseudoephedrine/dextromethorphan 15 mg/5 mg/5 mL syrup; sennosides granules 15 mg/5 ml; sennosides tablets 187 mg; and sodium chloride solution 0.9% for inhalation with metered dispensing valve 90 ml, 240ml.
- Add the following products established as preferred on the preferred drug list: cetirizine hydrochloride liquid 1 mg/ml; cetirizine hydrochloride tablets 5 mg; cetirizine hydrochloride tablets 10 mg; epinephrine racemic solution 2.25%; loratadine syrup 5 mg/5 ml; sennosides syrup 8.8 mg/5 ml; and sennosides tablets 8.6 mg.

Omeprazole magnesium delayed-release tablets 20 mg (base equivalent) are available by prescription in a generic form that can have a state maximum allowable cost rate applied, resulting in significant savings to the Iowa Medicaid program. In addition, this drug is in the therapeutic class of proton pump inhibitors, which is a covered therapeutic class for prescription products under Medicare Part D. Therefore, removal of this product from the Medicaid nonprescription drug list also eliminates Medicaid payment for the drug for Medicare Part D dual eligibles, resulting in additional savings to the program.

Notice of Intended Action on these amendments was published in the Iowa Administrative Bulletin on June 3, 2009, as **ARC 7816B**. The Department received no comments on the Notice of Intended Action. These amendments are identical to those published under Notice of Intended Action.

The Council on Human Services adopted these amendments on August 12, 2009.

These amendments do not provide for waivers in specified situations. Waivers may be requested under the Department's general rule on exceptions at 441—1.8(17A,217).

These amendments shall become effective on November 1, 2009.

These amendments are intended to implement Iowa Code section 249A.4.

The following amendments are adopted.

ITEM 1. Rescind the following entries in subrule **78.2(5)**:

~~Omeprazole magnesium delayed-release tablets 20 mg (base equivalent)~~

~~Pseudoephedrine/dextromethorphan 15 mg/5 mg/5 mL syrup~~

~~Sennosides granules 15 mg/5 ml~~

~~Sodium chloride solution 0.9% for inhalation with metered dispensing valve 90 ml, 240ml~~

ITEM 2. Amend the following entries in subrule **78.2(5)**:

Benzoyl peroxide 10% gel, lotion, ~~wash~~

Ferrous sulfate tablets ~~300 mg~~, 325 mg

Ferrous gluconate tablets ~~300 mg~~, 325 mg

Niacin (nicotinic acid) tablets ~~25 mg~~, 50 mg, 100 mg, 250 mg, 500 mg

Sennosides tablets ~~187~~ 8.6 mg

ITEM 3. Adopt the following **new** entries in subrule **78.2(5)** in alphabetical order:

Cetirizine hydrochloride liquid 1 mg/ml

Cetirizine hydrochloride tablets 5 mg

Cetirizine hydrochloride tablets 10 mg

Epinephrine racemic solution 2.25%

Loratadine syrup 5 mg/5 ml  
Sennosides syrup 8.8 mg/5 ml

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 9/9/09.